Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING				
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER		
Division of Medicaid		Margaret Wilson	601-359-5241		
ADDRESS		CITY	STATE	ZIP	
550 High Street, Suite 1000 EMAIL SUBMIT DATE		Jackson	MS	39201	
EMAIL SUBMIT DATE		Name or number of rule(s): Title 23: Medicaid, Part 200: General Provider Information, Chapter 4: Provider			
Margaret.Wilson@medicaid.ms.gov	AUG 1 5 2014	Enrollment, Rule 4.10: 340B Providers			
Short explanation of rule/amendment/re This proposed filing to the Miss. Admir Enrollment. Rule 4.10: 340B Providers with the withdrawal of SPA 14-015.	n. Code, Title 23: Med	caid, Part 200: General P	rovider Information		
Specific legal authority authorizing the 256b(a)(5)(A); Miss. Code Ann. §§ 43-List all rules repealed, amended, or susp	13-117, 43-13-121,			3	
Chapter 4: Provider Enrollment. Rule 4		Time 23, medicale	, ruic 200. General	Trovider information,	
ORAL PROCEEDING:				THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	
An oral proceeding is scheduled for	this rule on Date:	Time:	Place:		
Presently, an oral proceeding is not	scheduled on this rule.				
If an oral proceeding is not scheduled, an oral pro- ten (10) or more persons. The written request sh notice of proposed rule adoption and should incl- agent or attorney, the name, address, email addr comment period, written submissions including a	ould be submitted to the agude the name, address, ema ess, and telephone number	ency contact person at the abo il address, and telephone numb of the party or parties you repr	ve address within twent per of the person(s) mak esent. At any time with	ry (20) days after the filing of this ing the request; and, if you are an in the twenty-five (25) day public	
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not req	uired for this rule.	Concise summary of	economic impact st	atement attached.	
TEMPORARY RULES	PROPOSED	ACTION ON RULES	FINAL A	FINAL ACTION ON RULES	
Original filing	Action proposed:	A STATE OF THE CONTROL OF THE CONTRO			
Renewal of effectiveness		New rule(s) Action t			
To be in effect in days		x Amendment to existing rule(s) Adopted with r Repeal of existing rule(s) Adopted with			
Effective date: Immediately upon filing		existing rule(s) by reference	Adopted with changes		
Other (specify):	Proposed final ef		Adopted by reference Withdrawn		
out. ppen//.	30 days aft		Repeal adopted as proposed		
a	x Other (s		Effective date:	opica os pioposca	
		MOV 0 1 2046	30 days afte	er filling	
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	NOV 0 1 2014	Other (spe	ecify):	
Printed name and Title of person autho Signature of person authorized to file ru	1	id J. Dzielak, Ph.D., Execu	tive Director		
0	The state of the s	ITE BELOW THIS LINE	T		
The state of the s		L FILING STAMP	OFFICIAL FILING STAMP		
		G 1 5 2014 SSISSIPPI ARY OF STATE			
Accepted for filing by	Accepted for fili		Accepted for fill	ing by	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.